PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

450100-04936

CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH												R THAN
_			(Column 1)		(Column 2)		1	TYPE		OR	OR SMALL ENTIT	
TOTAL CLAIMS			24			· · ·		RATE	FEE	٦.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		* 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			3 minus 3 =		* -			X43=	· ·	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zo	ero, enter	"0" in c	column 2		TOTAL	 	OR	TOTAL	842
CLAIMS AS AMENDED - PART II									· · · · · · · · · · · · · · · · · · ·		OTHER	
	 	(Column 1)		(Colum	nn 2)_	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL ADDIT, FEE	 		TOTAL	
(Column 1) (Column 2) (Column 3)									<u> </u>]	ADDIT. FEE	
В		CLAIMS		HIGHE	ST		ı		ADDI-	1 [ADDI-
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Ind pendent	*	Minus	***		= .	ľ	X43=		OR	X86=	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			UH		
								+145=		OR	+290=	•
								TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		a	İ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		= '	十	X43=			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.00	
* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290=	
** If	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
Ť	he "High st Num	ber Previously Paid	For" (Total or	Independen	t) is the h	nighest number	foun	d in the app	r priat box	in colu	mn 1.	